

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752799

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** FIRST CHURCH OF THE NAZARENE OF LARGO, INC.

**Current Principal Place of Business:**

610 2ND AVE NE  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

610 2ND AVE NE  
LARGO, FL 33770 US

**New Mailing Address:**

**FEI Number:** 59-6537860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUCOM, BEN V P  
611 2 ND. AVE N.E.  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HART, CHARLEY  
Address: 601 STARKEY ROAD LOT #221  
City-St-Zip: LARGO, FL 33771

Title: D  
Name: POOLE, TOM D  
Address: 610 2ND AVE. N.E.  
City-St-Zip: LARGO, FL 33770

Title: S  
Name: SUTTON, JOYCE A S  
Address: 601 STARKEY ROAD LOT#221  
City-St-Zip: LARGO, FL 33771

Title: D  
Name: MARCHESSELI, ROBERT D  
Address: 530 6 TH. STREET N.E.  
City-St-Zip: LARGO, FL 33770

Title: D  
Name: GREY, HELEN D  
Address: 610 2ND AVE. N.E.  
City-St-Zip: LARGO, FL 33770

Title: D  
Name: BAUCOM, ANGIE  
Address: 611 2ND. AVE. N.E.  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEN V BAUCOM

P

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date